

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

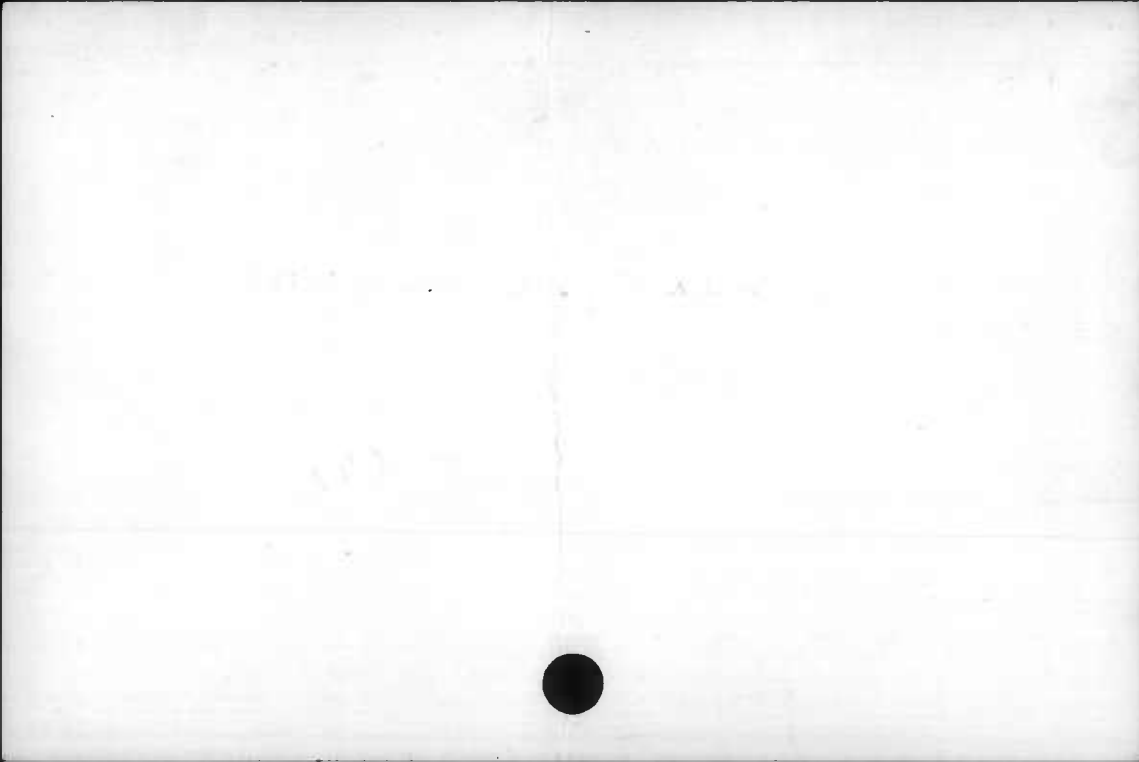
Name *John J. Bradshaw* County *St. Mary's* MARYLAND  
 Died at *Rock Hall* Month *March* Day *14* Year *1900* Age *69* Months  Days   
 Date of death *1900 March 14*  
 Sex *Male* Color or Race *White* Birth-place *England*  
 Occupation *Artist* Where Residing if not at place of death *St. Mary's Co.,*  
 Married, Single or Widowed *Widowed* Name of Wife or Husband *John J. Bradshaw*  
 Father's Name *John J. Bradshaw* Father's Birthplace *England*  
 Mother's Maiden Name *Helen A. Rayburn* Mother's Birthplace *England*  
 Name of person giving Information *Wife* How related to deceased *Wife*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Valvular disease of the heart* How long *a few minutes*  
 Immediate *Very suddenly* How long   
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *Henry Richardson M.D.*  
 Address *Great Mills, Maryland.*  
 Accident or Suicide



Name  
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CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Frank T. Dyson* Town *Germanville* County *St. Marys* MARYLAND

Died at *Germanville* *St. Marys*

Date of death 19*40* Month *March* Day *16th* Age *55* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Chas. County*

Occupation *Farmer* Where Residing if not at place of death *St. Marys Co.*

Married, Single or Widowed *Single* Name of Wife or Husband *Frank T. Dyson* *Rose A. Dyson*

Father's Name *Wilson T. Dyson* Father's Birthplace *Chas. County*

Mother's Maiden Name *Marguerite A. Brown* Mother's Birthplace *Chas. County*

Name of person giving Information *Wife* How related to deceased *Wife*

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

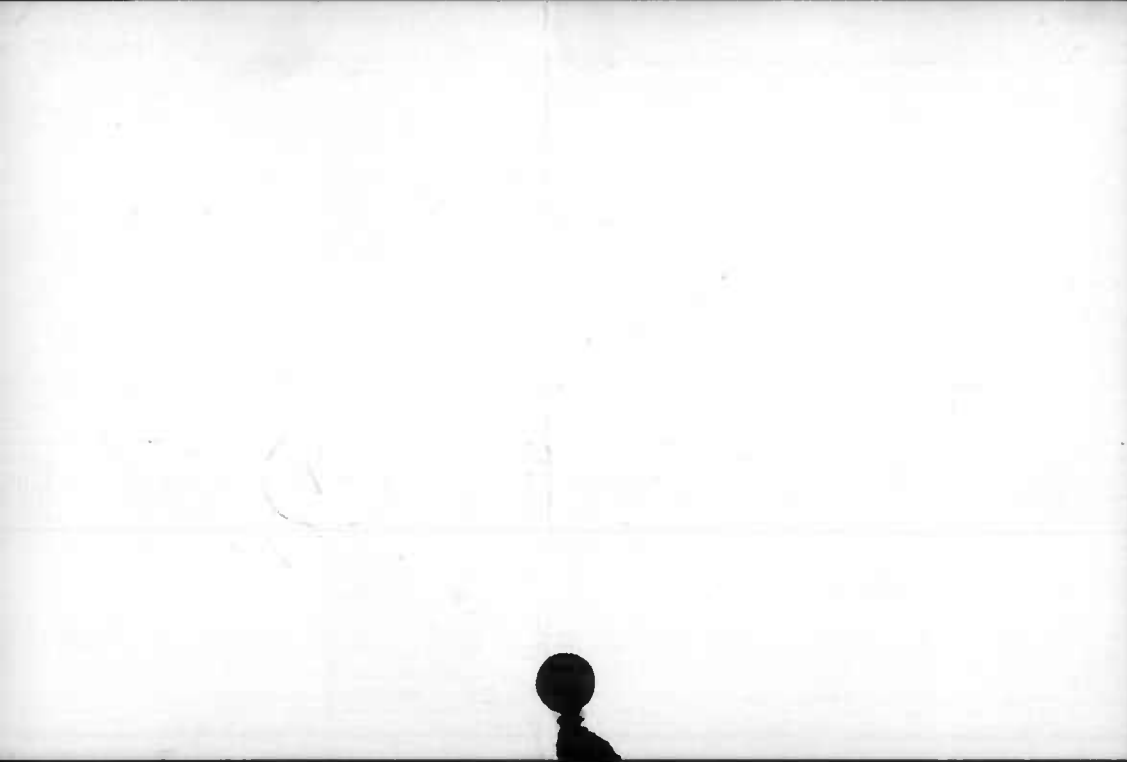
Primary *La Grippe* How long *2 month*

Immediate *Tuberculosis* How long *2 month*

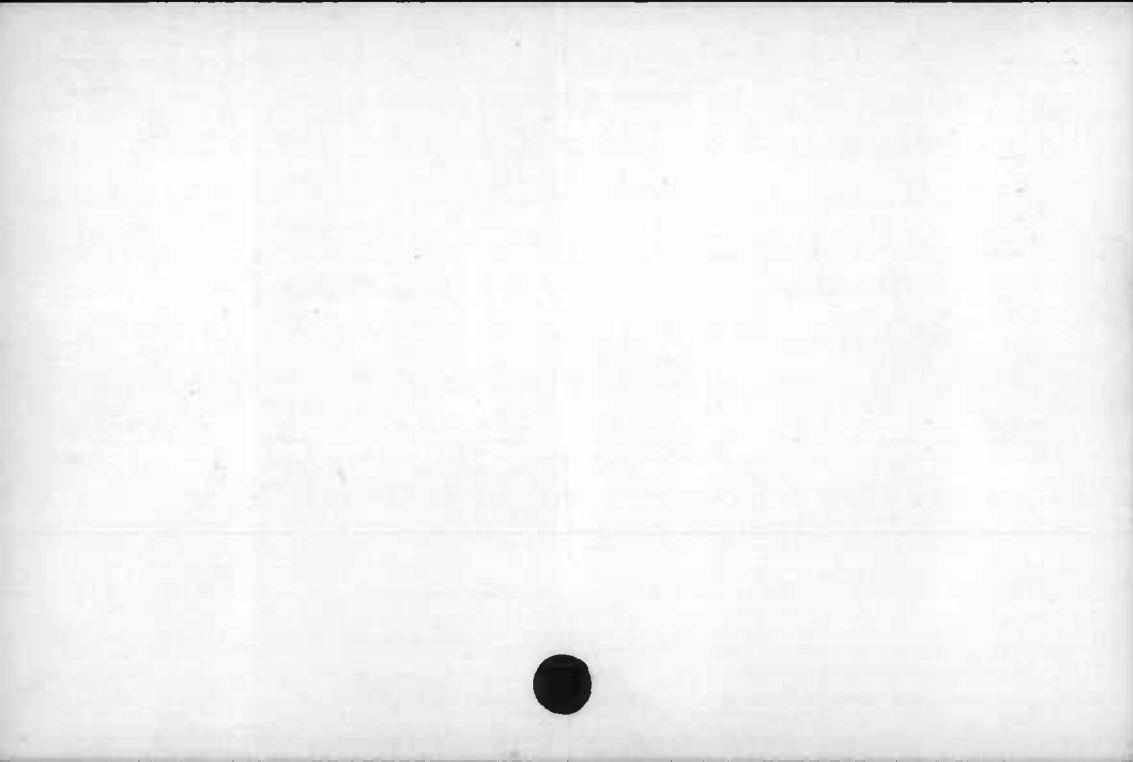
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Henry Richardson* Address *Frank Mills. Md*

Accident or Suicide



Name in Full <b>Ellen Gordon</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Pearson</b> <small>Town</small>		<b>St. Marys</b> <small>County</small>
	Date of death <b>1910</b> <small>Month</small> <b>March</b> <small>Day</small> <b>22</b>		<b>Age</b> <b>Thirty Five</b> <small>Years</small>
	Sex <b>Female</b>		<b>Color or Race</b> <b>Colored</b>
	Occupation <b>Laundress</b>		<b>Birth-place</b> <b>Maryland</b>
	Where Residing if not at place of death		
	Married, Single or Widowed <b>Married</b>		<b>Name of Wife or Husband</b> <b>John Grover Gordon</b>
	Father's Name <b>Fribe Barber</b>		Father's Birthplace <b>Maryland</b>
Mother's Maiden Name <b>Sallie Haywell</b>		Mother's Birthplace <b>Maryland</b>	
Name of person giving information <b>John Grover Gordon</b>		How related to deceased <b>Husband</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<b>Difficult obstetrical case</b>	How long <b>190</b>
	Immediate	<b>Heart Clot</b>	How long <b>135</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>A. L. Hodgdon M.D.</b>
			Address <b>Pearson Post Office</b>
			<b>Maryland</b>
Accident or Suicide? <b>No</b>			



Name  
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George Washington Matthews

## CERTIFICATE OF DEATH

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NEAREST FRIEND

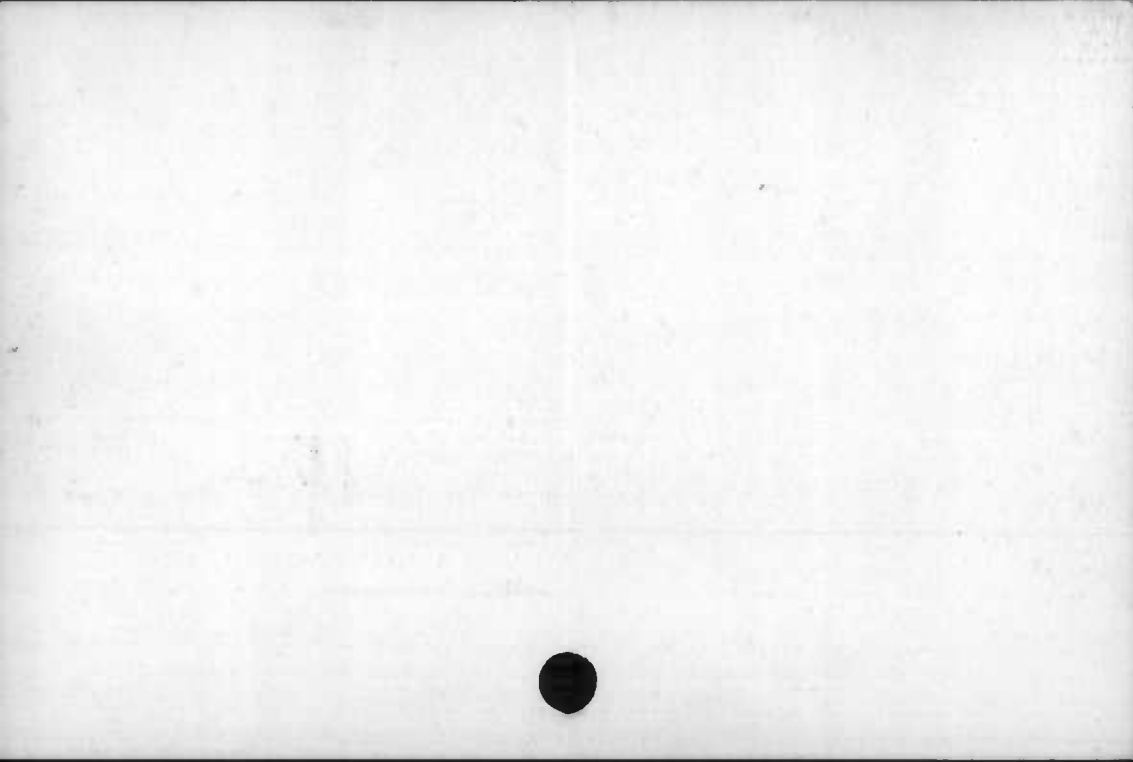
Died at <u>Pearson</u> Town		<u>St. Marys</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>March</u>	Day <u>20</u>	Age <u>Seventy Six</u> Years	Months _____	Days _____
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>District of Columbia</u>		
Occupation <u>Carpenter</u>			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Eliza Matthews</u>			
Father's Name <u>Luke Matthews</u>			Father's Birthplace <u>Not Known</u>		
Mother's Maiden Name <u>Becellia Ann Matthews</u>			Mother's Birthplace <u>Not Known</u>		
Name of person giving information <u>James Albert Matthews</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

(93) ✓

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia and</u>	How long _____
Immediate <u>Asthenia</u>	How long <u>About six weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. L. Hodges, M.D.</u>
_____	Address <u>Pearson Post Office</u>
_____	<u>Maryland</u>
Accident or Suicide? _____	





Name  
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Full

Collins Somerville

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Park Hall</i> <sup>Town</sup>		<i>St Marys</i> <sup>County</sup>		MARYLAND	
Date of death <i>1900 March 24</i>		Age <i>18</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>St Marys Co Md</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Robert Somerville</i>	Father's Birthplace <i>St Marys Co Md</i>				
Mother's Maiden Name <i>Elizabeth Collins</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving Information <i>Fredrick Swall</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

115

PHYSICIAN  
OR CORONER

Primary <i>Chronic Hepatic Congestion</i>	How long <i>Four or Five weeks</i>
Immediate <i>Exhaustion &amp; Cardiac Crisp</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes as</i>	Signature of Physician <i>C. L. Cecil M.D.</i>
<i>Witnessed by applicant</i>	Address <i>St Ingers</i>
Accident or Suicide	<i>M.D.</i>

